OMB Control No. 1205-0371 Expiration Date: November 30, 2011

## YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed and dated by the new hire on or before the day the job offer is made. The employer or consultant is to submit the SAF to the state workforce agency together with IRS Form 8850 within 28 calendar days from the employment start date of the new hire.

New Hire Name:		
Social Security Number: Date of Birth:		
Employer Name:		
Employer Federal ID (EIN) Number:		
Please check all the statements that apply to you. Sign and date this form where indicated below.		
	In the past 6 months, I have not atter postsecondary school for more than a counting periods during which the sch	
	I do not have a High School Diploma o	or GED certificate.
	ago and I have not attended or been	certificate awarded more than 6 months admitted to a technical or post-secondary her than occasionally) since receiving my
Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.		
New I	Hire's Signature:	Date

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OM B control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of Information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).